Testimony in Support of SB 800

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AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.

Good morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am the General Manager for American Medical Response in Fairfield County and am testifying in support of proposed Senate Bill 800. AMR is the country's largest private Mobile Healthcare and Transportation provider, with operations in more than 2,100 communities in 40 states. In Connecticut we provide primary 911 emergency medical ambulance service to 18 communities, and mutual aid service to 19 others on a regular basis. The communities we service range from urban to rural. We also provide emergent and non-emergent transportation services to many Skilled Nursing Facilities and hospitals throughout the State. . In addition to my role at AMR, I currently serve as the President of the Southwest Regional EMS Council.

The US health care system is often described as one that fails to achieve optimal health outcomes while generating exorbitant costs for patients, payors, and society. The Institute of Medicine estimated approximately 30% of the US annual health care budget in 2012 was wasted on unnecessary services, inefficient delivery, excessive administrative costs, and prevention failures. In CT, Policymakers and health care providers alike seek to improve the health of populations, enhance the patient experience, improve quality and patient safety, and control costs. This is matched with the desperate need for health and preventative care as our communities grapple with growth in the number of persons with chronic illness, the frail elderly, mobility impaired individuals, those living in poverty, and those who need assistance in navigating the health care system. These issues coupled with continuous fiscal cuts to our State healthcare system result in gaps throughout the healthcare industry.

These gaps range from unnecessary ED visits due to the discontinuities of health services notably evident in the care of patients outside of healthcare facilities. Multiple single purpose providers offer niche care and often only during restricted hours of operation. As a result, patients are routinely referred to hospital EDs by their healthcare providers, outside of normal business hours. Further, care gaps such as a lack of post-acute transitional care make preventable

readmissions a virtual inevitability that is both expensive and disappointing to patients, caregivers, and the health care system.

Mobile Integrated Healthcare will add the existing abilities of EMTs and Paramedics to community-based preventative care, wellness, and care coordination efforts without duplicating those services already in place. EMS services are available 24 hours a day, 7 days a week, 365 days a year. The National Association of EMTs (NAEMT) has led the development of a vision statement on MIH. "*In its simplest definition, Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community Paramedicine care, chronic disease management, preventative care or post-discharge follow-up visits; or transport or referral to a broad spectrum of appropriate care, not limited to hospital emergency departments."* (NAEMT 2014).

We believe that Connecticut must engage in an approved MIH pilot program that uses a flexible model with physician oversight designed to address the healthcare delivery gaps. Examples of how MIH can work with primary care practitioners and others include:

- Coordinate patient care and transportation with physicians, home health providers, and other providers to help provide more efficient and patient centered care.
- Help connect frequent users of EMS with appropriate services to break the cycle of emergency activation for low acuity issues.
- Use EMS care assessment skills and equipment to evaluate patients with chronic conditions through home visits and activate follow-up care, social services, or other community support programs when needed.
- Assisting patients in transitioning to their home environment after an inpatient stay in a health care facility to prevent unnecessary readmissions.
- Deliver vaccinations in community settings

Any MIH pilot program must be structured under physician medial oversight with targeted goals and measurable benchmarks. I believe that approving this legislation is the starting point which will allow DPH to develop specific pilot program requirements in consultation with the physicians of the CT EMS Medical Advisory Committee under the CT EMS Advisory Board. In order to be effective, MIH pilot programs must include the following elements:

- Clearly defined roles for MIH providers
- Any MIH program should not duplicate existing healthcare services that are being delivered but fill identified gaps in healthcare services
- Physician oversight of MIH program and providers. This may involve both primary care and emergency specialties.
- Minimum continuing education standards.
- A comprehensive data collection system to evaluate the effectiveness of the program

While development of payment methodologies should not be a reason to slow legislation to enable MIH, there are currently a variety of ways to fund MIH while the discussion of a long-term sustainable framework continues. CMS and State grants have currently been the most common funding source, while the idea of cost saving sharing is becoming more common.

I urge the Committee to approve this important legislation and authorize pilot MIH programs in our State under the guidance of DPH and the CT EMS Medical Advisory Committee. This will allow our State to open the door for a truly integrated healthcare system which will meet the US Institute of Health Improvements Triple Aim. There must be allowances for flexibility in the current paramedic scope of practice and allow the utilization of EMS resources as part of community outreach and wellness programs.

Thank you for your time and consideration of this Bill.